

## McLean County Traffic School Program Form

I plead Guilty.

I request Traffic Safety School and Court Supervision.

I understand that if I am not eligible for or do not complete the Traffic Safety School program that :

A conviction for this complaint will be reported to the Secretary of State,  
and

The fines and fees are **NOT** REFUNDABLE.

Sign Here \_\_\_\_\_ DATE \_\_\_\_\_

COMPLAINT/TICKET # \_\_\_\_\_

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### REGISTRATION FORM FOR TRAFFIC SAFETY SCHOOL

McLean County

PUT AN X IN THE BOX OF YOUR  
CHOICE FOR QUESTIONS BELOW

1. When do you want to go to class?

- ☐ Weeknight  
(6:00 pm - 10:00 pm)  
☐ Saturday  
(8:00 am - Noon)  
or  
(1:00 pm - 5:00 pm)

2. Where do you want to go to class?

- ☐ McLean County  
☐ Richland County  
☐ Jefferson County  
☐ DuPage County  
☐ Logan County  
☐ Cook County (circle one)  
N NW Downtown W S WS  
Chicago

☐ Other \_\_\_\_\_

FOR OFFICIAL USE ONLY										Pre-Registration Date		Date Entered			
DATE OF COMPLAINT										Month	Day	Year			
COMPLAINT NUMBER															
LAST NAME															
FIRST NAME										Middle Initial		Sex			
										M		F			
CURRENT MAILING ADDRESS															
APARTMENT NO.										CITY		STATE	ZIP CODE		
DATE OF BIRTH										Month	Day	Year	DRIVERS LICENSE NUMBER	STATE	
DAYTIME PHONE										Area Code		EVENING PHONE		Area Code	
										( )		( )			
FOR OFFICIAL USE ONLY										Case Number		Date of Complaint		Supervision Commencement Date	
										Out-of-State DL		Drivers License Number		Supervision Termination Date	

Please Mail Form To:

McLean County Circuit Clerk,  
Attention Traffic School Program  
PO Box 2420  
Bloomington IL 61702-2420